

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15216**

No. 300
10-28

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>275</u> PRIMARY REG. DIST. NO. <u>3053</u> Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u> <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Akers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>27</u> <u>1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-17-1865</u>
9. AGE (In years last birthday) <u>88</u>	10. MONTHS <u>0</u>	11. DAYS <u>10</u>	12. IF UNDER 14 Hrs. <u>10</u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lynch Akers</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Malaha Akers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Akers Potosi, RT 1 Mo</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u> yrs (?)</u> ANTECEDENT CAUSES DUE TO (b) <u></u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>4-20, 1953</u> , to <u>4-27, 1953</u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Feind m.d.</u>		23b. ADDRESS <u>Rolla, Mo.</u>	
23c. DATE SIGNED <u>4-30-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery Caledonia</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
25. JUNE 1, 1953 TO 1953 SIGNATURE <u>Arthur W. Smith</u>		ADDRESS <u>SMITH FUNERAL HOME, POTOSI, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number _____

Date Filed 5-13-53

4130P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.